



DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY ARMOR CENTER AND FORT KNOX
FORT KNOX, KENTUCKY 40121-5000

Expires 18 November 2001

REPLY TO
ATTENTION OF:

ATZK-BOH (210)

18 November 1999

MEMORANDUM FOR

Commanders, All Units Reporting Directly to This Headquarters
Commanders, Fort Knox Partners in Excellence
Directors and Chiefs, Staff Offices/Departments, This Headquarters

SUBJECT: USAARMC Policy Memo No. 17-99 -- Unaccompanied Spouses and Families Housing Policy

1. Reference Army Regulation 210-50, 1 September 1997, Housing Management.
2. The policy for housing unaccompanied spouses and families is as follows:
 - a. Unaccompanied spouses with family members will be assigned to surplus family housing when requested in writing by the sponsor. The Basic Allowance for Housing (BAH) or equivalent will be forfeited.
 - b. Approval will be contingent upon favorable reference check at the losing installation, mandatory in-processing with Army Community Service (ACS) Outreach Services, and mandatory certification by initialing in block 11 on the enclosed task list.
 - c. The sponsors are responsible for the conduct of their family members while residing on this installation.
3. Specifics of the policy are as follows:
 - a. Soldier:
 - (1) All requests for surplus family housing will be made in writing by the sponsor and forwarded to the Housing Office within 60 days of projected need.
 - (2) An advanced Housing application and copy of sponsor's orders must accompany the request.
 - (3) Provides verification of active duty status.

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b. Housing Division:

(1) Upon receipt of the request, Housing will contact the losing installation Housing Office for references. Derogatory references will result in disapproval.

(2) Approval/disapproval will be in writing and sent to the soldier within 14 days of the date the request was received to allow the soldier sufficient time to make necessary arrangements.

(3) The soldier and/or spouse must report to the Housing Office upon arrival at the installation to begin processing.

(4) Housing will schedule an appointment for the sponsor and/or spouse with ACS Outreach Services for further in-processing.

c. ACS Outreach Services:


(1) ACS will ensure that the soldier and/or spouse completes information/briefings upon favorable housing approval.

(2) ACS will follow up by telephone or personal contact with the unaccompanied spouse at least one time per quarter.

4. This memo supersedes USAARMC Policy Memo No. 10-99, 13 July 1999, SAB.

FOR THE COMMANDER:

Encl


GEORGE EDWARDS
COL, AR
Garrison Commander

DISTRIBUTION:

A plus

50 – ATZK-BOH

CF:

DCG, USAARMC

ACS OUTREACH UNACCOMPANIED SPOUSE TASK LIST

DATA REQUIRED BY THE PRIVACY ACT OF 1974

Authority: Title 10 U.S.C., Section 3012.

Principal Purpose: To be used by ACS Outreach staff to collect information from military families regarding their needs so as to provide information, services and/or referral services, in the greater Fort Knox community.

Routine Uses: None without individual's permission.

Disclosure: Voluntary. Failure to provide requested information will inhibit ability to receive quarters assignment.

SECTION 1 - General

1. This questionnaire is designed to help us help you plan activities here at Fort Knox. Our mission is to assess the needs of the community to enhance the quality of life of our Military family members. This is your program, and we need your ideas.

2. DO YOU HAVE A FAMILY MEMBER THAT IS ENROLLED IN THE EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP)? ☐ Yes ☐ No

3. ARE YOU INTERESTED IN ATTENDING THE WAITING SPOUSE NETWORKS AND GET-A-WAY DAY? ☐ Yes ☐ No

4. DO YOU HAVE THESE IMPORTANT DOCUMENTS OR ITEMS ON HAND?

- | | | | |
|------------------------------------|--|--|--|
| a. ID Cards | <input type="checkbox"/> Yes <input type="checkbox"/> No | g. Titles to all automobiles | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Power of Attorney | <input type="checkbox"/> Yes <input type="checkbox"/> No | h. Copies of latest LES | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Child(ren) medical/shot records | <input type="checkbox"/> Yes <input type="checkbox"/> No | i. Marriage/divorce decrees | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. School records of children | <input type="checkbox"/> Yes <input type="checkbox"/> No | j. Naturalization papers if not born in U.S. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Your medical/shot records | <input type="checkbox"/> Yes <input type="checkbox"/> No | k. Furniture | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Car insurance policy | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

SECTION 2 - Services Provided

5. BELOW IS A LIST OF SERVICES PROVIDED BY FORT KNOX AND COMMUNITY AGENCIES. Please answer YES or NO, if you are interested in:

- | | | | |
|--|--|---|--|
| a. Information about WIC/Food Stamps | <input type="checkbox"/> Yes <input type="checkbox"/> No | k. Army Family Team Building | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. GED classes | <input type="checkbox"/> Yes <input type="checkbox"/> No | l. Special Needs Programs (EFMP) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Language class | <input type="checkbox"/> Yes <input type="checkbox"/> No | m. Craft classes (basic sewing, ceramics, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Chapel/church groups | <input type="checkbox"/> Yes <input type="checkbox"/> No | n. Exercise/aerobics class | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Parenting classes | <input type="checkbox"/> Yes <input type="checkbox"/> No | o. Stress Management, Time Management, | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Job counseling/preparation | <input type="checkbox"/> Yes <input type="checkbox"/> No | Anger Control Seminars/Workshops | |
| g. Child care services | <input type="checkbox"/> Yes <input type="checkbox"/> No | p. Adoption | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Financial Assistance, Budgeting | <input type="checkbox"/> Yes <input type="checkbox"/> No | q. Single parenting | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i. Counseling for personal/family problems | <input type="checkbox"/> Yes <input type="checkbox"/> No | r. Youth/teen services | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| j. Legal Assistance | <input type="checkbox"/> Yes <input type="checkbox"/> No | s. Volunteer opportunities | <input type="checkbox"/> Yes <input type="checkbox"/> No |

6. ARE THERE ANY SERVICES THAT YOU WOULD LIKE, THAT HAVE NOT BEEN MENTIONED IN ITEM 5? ☐ Yes ☐ No
If yes, what are they?

7. MY NAME MAY BE REFERRED TO THE APPROPRIATE AGENCY IN ORDER FOR ME AND MY FAMILY TO RECEIVE INFORMATION AND/OR ASSISTANCE. ☐ Yes ☐ No

8. INDIVIDUAL'S REQUEST FOR ASSISTANCE WITH PROBLEMS CHECKED BELOW:

- | | | | | | |
|--|--|------------------------------------|----------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Health | <input type="checkbox"/> Education | <input type="checkbox"/> Financial | <input type="checkbox"/> Housing | <input type="checkbox"/> Marital | <input type="checkbox"/> Emotional |
| <input type="checkbox"/> Asst to Handicapped Dependent | <input type="checkbox"/> Child Rearing | <input type="checkbox"/> Other | | | |

SECTION 3 - Required Information

10a. NAME (Please print)	10e. EMERGENCY PHONE NO.					
10b. ADDRESS	10f. DEPENDENT CHILD(REN) OR OTHER HOUSEHOLD MEMBER					
	AGE	SEX	AGE	SEX	AGE	SEX
10c. SPOUSE'S NAME	10g. RANK					
10d. UNIT	10h. WORK PHONE NO.					

11. I HAVE READ AND UNDERSTAND THE THUNDERBOLT SIX POLICY MEMO ON THE INSTALLATION'S GUIDELINES FOR THE SAFETY AND WELL BEING OF CHILDREN. I CERTIFY THAT MY FAMILY MEMBER DOES HAVE ITEMS LISTED IN BLOCK 4, AND ALL EFMP FAMILY MEMBERS ARE REGISTERED IN THE EFMP.

SERVICE MEMBER'S SIGNATURE	DATE	FAMILY MEMBER'S SIGNATURE	DATE
12. ACS OUTREACH COORDINATOR'S SIGNATURE			DATE